

Melrose Public Schools' Education Stations ~ Registration 2010-2011 Academic Year
EducationStations@melrose.mec.edu ~ (781) 979-2147 ~ www.EducationStations.com

Last Name:		First Name:	
Address:		2010-2011 Teacher: (Leave blank if unknown)	
Age on 9/01/10:	DOB:	School:	Entering Grade:

Please provide written documentation of any relevant custody issues or restrictions to parental pick-up.

	Parent/Guardian 1	Parent/Guardian 2
Name		
Address		
Cell Phone		
Home Phone		
Work Phone		
Email address		

List emergency contacts we may call after trying parents/guardians, and to whom we may release your student.

	Emergency Contact 1 (authorized to pickup)	Emergency Contact 2 (authorized to pickup)
Name		
Cell Phone		
Other Phone		

List any additional adults you give permission to pick up your student.

	Other Authorized Adult 1	Other Authorized Adult 2
Name		
Cell Phone		
Other Phone		

List chronic health conditions (asthma, allergies, other medical/psychological diagnoses), health concerns, medications and/or special dietary requirements. **A current prescription of necessary medications must be provided for after school storage and use.** Please explain severity and related needs of health issues in detail, **OR** check box below.

My student does not currently have health conditions requiring attention. I will give written notice of any changes.

Pediatrician/Family Doctor's name:	Phone number(s) and contact information/instructions:

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Red Train: Snack and Free Play ~ 2:20–3:15

Blue Train: Snack, Free Play and Rotating Education Stations ~ 2:20–4:30

Green Train: Snack, Free Play, Rotating Stations, Extended Day ~ 2:20–6:00

Please check appropriate boxes to indicate train line/days desired for weekly schedule, or mark Drop in basis only

2010-2011 Registration Schedule	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Red Train (Pickup by 3:15)					
Blue Train (Pickup by 4:30)					
Green Train (Pickup by 6:00)					

What are your child's strengths/special interests? What would you like your child to gain from enrichment?
Please share anything else about your child that will help us make his/her experience positive.

Does your child demonstrate any emotional/behavioral difficulties? Please explain how we may be helpful.

If your student is registered for the **green or blue line** on any day, please indicate your homework preference.

I require my student to spend some time completing homework.

I do not require my student to spend time completing homework.

I understand my child may be photographed / recorded while participating in Education Stations activities.

I know a permission slip/waiver will be required for my student to participate in off-site activities.

I agree to abide by the policies and procedures set out in the handbook, available at www.EducationStations.com.

Signature

PRINTED Parent/Guardian Name

Date

Return this form and \$25 registration fee to:
Please make checks payable to Melrose Public Schools.
Kindly write your child's name in the memo line.

Education Stations
c/o Melrose Public Schools
360 Lynn Fells Parkway, Melrose MA 02176